County: Dane
MCCARTHY NURSING HOME
124 SOUTH MONROE STREET 
 STOUGHTON
 53589
 Phone: (608)
 873-7462

 Operated from 1/1
 To 12/31
 Days of Operation: 366

 Operate in Conjunction with Hospital?
 No

 Number of Beds Set Up and Staffed (12/31/00): 18

 Total Licensed Bed Capacity (12/31/00): 18

 Number of Residents on 12/31/00: 15
 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Indi vi dual **FDDs** No No Average Daily Census: 15 \*

| , , , , , | Age, Sex, and Primary Diagn  | osis of   | Residents (12/31   | /00)   | Length of Stay (12/31/00 | ) %            |
|-----------|--|---|--|--------|--------------------------|----------------|
| No<br>No  | Primary Diagnosis  | %<br>   | Age Groups   | %<br>  | Less Than 1 Year         | 20. 0<br>20. 0 |
| No        | Developmental Disabilities   | 100.0   | Under 65   | 73. 3  | More Than 4 Years        | 60. 0          |
|           |  |   |  |        |                          |                |
| No        | Mental Illness (Other)   | 0.0   |  | 6. 7   |                          | 100. 0         |
| No        | Alcohol & Other Drug Abuse   | 0.0   | 85 - 94  | 6. 7   | ***************          | *****          |
| No        | Para-, Quadra-, Hemi plegi c   | 0.0   | 95 & 0ver  | 0.0    |                          |                |
| No        | Cancer   | 0.0   |  |        | Nursing Staff per 100 R  | esi dents      |
| No        | Fractures  | 0.0   |  | 100.0  | (12/31/00)               |                |
| No        | Cardi ovascul ar   | 0.0   | 65 & 0ver  | 26. 7  | [                        |                |
| No        | Cerebrovascul ar   | 0. 0  |  |        | RNs                      | 7. 3           |
| No        | Di abetes  | 0.0   | Sex  | %      | LPNs                     | 2. 0           |
| No        | Respi ratory   | 0. 0  |  |        | Nursing Assistants       |                |
|           | Other Medical Conditions   | 0.0   | Male   | 73. 3  | Aides & Orderlies        | 36. 5          |
| No        |  |   | Femal e  | 26. 7  |                          |                |
|           |  | 100. 0  |  |        |                          |                |
| Yes       |  |   |  | 100. 0 |                          |                |
|           | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No | No Primary Diagnosis No Developmental Disabilities No Mental Illness (Org./Psy) No Mental Illness (Other) No Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic No Cancer No Cardiovascular No Cerebrovascular No Diabetes No Respiratory Other Medical Conditions | No Primary Diagnosis % No No Developmental Disabilities 100.0 No Mental Illness (Org./Psy) 0.0 No Mental Illness (Other) 0.0 No Alcohol & Other Drug Abuse 0.0 No Para-, Quadra-, Hemiplegic 0.0 No Cancer 0.0 No Fractures 0.0 No Cardiovascular 0.0 No Cerebrovascular 0.0 No Diabetes 0.0 No Respiratory 0.0 No No Respiratory 0.0 No Other Medical Conditions 0.0 No No Diabetes 0.0 | No     | No                       | No             |

## Method of Reimbursement

|                     |      | Medica<br>(Title |                |      | Medica<br>Title |                |     | 0th  | er             | Pri | vate 1 | Pay      |     | Manageo | l Care         |       | Percent    |
|---------------------|------|------------------|----------------|------|-----------------|----------------|-----|------|----------------|-----|--------|----------|-----|---------|----------------|-------|------------|
|                     |      |                  | Per Dien       | 1    |                 | Per Die        | m   |      | Per Diem       | 1   | ]      | Per Diem | 1   | Ĭ       | Per Diem       | Total | Of All     |
| Level of Care       | No.  | %                | Rate           | No.  | %               | Rate           | No. | %    | Rate           | No. | %      | Rate     | No. | %       | Rate           | No.   | Resi dents |
| Int. Skilled Care   | 0    | 0. 0             | \$0.00         | 0    | 0. 0            | \$0.00         | 0   | 0. 0 | \$0.00         | 0   | 0. 0   | \$0.00   | 0   | 0. 0    | \$0.00         | 0     | 0. 0%      |
| Skilled Care        | Õ    | 0. 0             | \$0.00         | Ŏ    | 0. 0            | \$0.00         | Ŏ   | 0. 0 | \$0.00         | Ŏ   | 0. 0   | \$0.00   | Ŏ   | 0. 0    | \$0.00         | Õ     | 0. 0%      |
| Intermedi ate       |      |                  |                | 0    | 0.0             | \$0.00         | 0   | 0. 0 | \$0.00         | 0   | 0.0    | \$0.00   | 0   | 0. 0    | \$0.00         | 0     | 0.0%       |
| Limited Care        |      |                  |                | 0    | 0.0             | \$0.00         | 0   | 0.0  | \$0.00         | 0   | 0.0    | \$0.00   | 0   | 0.0     | \$0.00         | 0     | 0.0%       |
| Personal Care       |      |                  |                | 0    | 0.0             | \$0.00         | 0   | 0.0  | \$0.00         | 0   | 0.0    | \$0.00   | 0   | 0.0     | \$0.00         | 0     | 0.0%       |
| Residential Care    |      |                  |                | 0    | 0.0             | \$0.00         | 0   | 0.0  | \$0.00         | 0   | 0.0    | \$0.00   | 0   | 0.0     | \$0.00         | 0     | 0.0%       |
| Dev. Di sabl ed     |      |                  |                | 15 1 | 00.0            | \$90.49        | 0   | 0.0  | \$0.00         | 0   | 0.0    | \$0.00   | 0   | 0.0     | \$0.00         | 15    | 100.0%     |
| Traumatic Brain Inj |      | 0.0              | <b>\$0. 00</b> | 0    | 0.0             | <b>\$0. 00</b> | 0   | 0.0  | <b>\$0. 00</b> | 0   | 0.0    | \$0.00   | 0   | 0.0     | <b>\$0. 00</b> | 0     | 0.0%       |
| Ventilator-Depender | nt 0 | 0.0              | <b>\$0. 00</b> | 0    | 0.0             | <b>\$0. 00</b> | 0   | 0.0  | <b>\$0. 00</b> | 0   | 0.0    | \$0.00   | 0   | 0.0     | <b>\$0. 00</b> | 0     | 0.0%       |
| Total               | 0    | 0. 0             |                | 15 1 | 00.0            |                | 0   | 0.0  |                | 0   | 0.0    |          | 0   | 0.0     |                | 15    | 100.0%     |

\*

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period Total % Needing Activities of Assistance of Percent Admissions from: % Totally Number of Private Home/No Home Health 0.0 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 66. 7 Baťhi ng **0.** 0 **60.** 0 40.0 15 Other Nursing Homes 33. 3 Dressi ng 26. 7 33. 3 **40**. **0** 15 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 60.0 13.3 0.0 26. 7 15 20.0 0.0 Toilet Use 53. 3 26. 7 15 0.0 66.7 33.3 0.0 15 Other Locations 0.0 Total Number of Admissions Continence Special Treatments Percent Discharges To: Indwelling Or External Catheter 0.0 Receiving Respiratory Care 0.0 Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Private Home/No Home Health 0.0 Occ/Freq. Incontinent of Bladder 53.3 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 40.0 0.0 Other Nursing Homes 0.0 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 0.0 0.0 Mobility Physically Restrained 0.0 26.7 0.0 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics 0.0 Deaths 100 With Pressure Sores Have Advance Directives 100.0 Total Number of Discharges With Rashes Medi cati ons 0.0 Receiving Psychoactive Drugs **40.** 0 (Including Deaths)

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

| *************  | *****    | ******     | ***** | *****  | *****  | **** |
|--|----------|------------|-------|--------|--------|------|
|  | Thi s    | F          | DD    | A      |        |      |
|  | Facility | Facilities |       | Faci   |        |      |
|  | <u> </u> | %          | Ratio | %      | Ratio  |      |
|  |          |            |       |        |        |      |
| Occupancy Rate: Average Daily Census/Licensed Beds   | 83. 3    | 85. 5      | 0. 97 | 84. 5  | 0. 99  |      |
| Current Residents from In-County                     | 40. 0    | 42. 1      | 0. 95 | 77. 5  | 0. 52  |      |
| Admissions from In-County, Still Residing            | 0. 0     | 19. 5      | 0. 00 | 21. 5  | 0.00   |      |
| Admissions/Average Daily Census                      | 20. 0    | 16. 4      | 1. 22 | 124. 3 | 0. 16  |      |
| Discharges/Average Daily Census                      | 20. 0    | 19. 2      | 1.04  | 126. 1 | 0. 16  |      |
| Discharges To Private Residence/Average Daily Census | 0. 0     | 9. 2       | 0.00  | 49. 9  | 0.00   |      |
| Residents Receiving Skilled Care                     | 0. 0     | 0. 0       | 0.00  | 83. 3  | 0.00   |      |
| Residents Aged 65 and Older                          | 26. 7    | 16. 2      | 1. 64 | 87. 7  | 0. 30  |      |
| Title 19 (Medicaid) Funded Residents                 | 100. 0   | 99. 5      | 1. 01 | 69. 0  | 1. 45  |      |
| Private Pay Funded Residents                         | 0. 0     | 0. 5       | 0.00  | 22. 6  | 0.00   |      |
| Developmentally Disabled Residents                   | 100. 0   | 99. 3      | 1. 01 | 7. 6   | 13. 09 |      |
| Mentally Ill Residents                               | 0. 0     | 0. 5       | 0. 00 | 33. 3  | 0.00   |      |
| General Medical Service Residents                    | 0. 0     | 0. 2       | 0. 00 | 18. 4  | 0.00   |      |
| Impaired ADL (Mean)*                                 | 44. 0    | 50. 8      | 0. 87 | 49. 4  | 0.89   |      |
| Psychological Problems                               | 40. 0    | 45. 9      | 0. 87 | 50. 1  | 0. 80  |      |
| Nursing Care Required (Mean)*                        | 3. 3     | 11. 0      | 0. 30 | 7. 2   | 0. 47  |      |
|  |          |            |       |        |        |      |